RESTITUTION RECIPIENT CHANGE OF ADDRESS

- This form must be completed in its entirety
- We require a valid photo identification (please include a copy if mailing form)
- The address on your ID must match the "new" address you provide below
- The previous address you provide must match our records
- If you are mailing the form to our office, it must be notarized please mail to:

Clerk of Circuit Court Attention: Accounting PO Box 550 Leesburg VA 20178

PLEASE PRINT LEGIBLY		
NAME:		
Phone #:		
Signature:		
By signing this form, you certif matter and are entitled to the	fy, under penalty of perjury, that you are the recipient ir se funds	າ the
Defendant's name:		
Case #:		
PREVIOUS ADDRESS on file at	our office	
STREET:		
CITY, STATE, ZIP:		
NEW ADDRESS: STREET:		
CITY, STATE, 7IP:		

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of	ged, subscribed and sworn to before me on the	day
	City/County of	;
Deputy Clerk/Notary:		
Date:		
Commission expires:	Registration # (if applicable):	
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>>	·>>>>>>
For Clerk's office use only:		
Date received		
Date FAS updated	Updated by	